



630 Harvey Street  
Muskegon, MI 49442

## State Board Continuing Education Units

Office Only:

Check # \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Name of Workshop: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Participant Application Form

**→** (All Fields Required)

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial Required)

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

School Phone: \_\_\_\_\_ x \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**→** Email Address: \_\_\_\_\_ Your REQUIRED online evaluation  
will be sent to this email address.

**→** Personnel Identification Code (PIC): \_\_\_\_\_ (Not Required at this time)

Last Four (4) Digits Social Security Number: x x x – x x – \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (Required)

Position Descriptors: (✓ one)

☐ Administrator ☐ Teacher ☐ Other (specify): \_\_\_\_\_

#### ***I understand that:***

- the Michigan Department of Education requires 100% attendance for SB-CEU programs.
- the required sign-in/sign-out form must be completed at the designated time and CANNOT be altered in any way. Signatures must be legible.
- no SB-CEUs will be awarded if any part of this program is missed.
- make-ups are not available.
- my role will be that of an active participant.
- if out-of-class assignments are advertised in advance, I must complete them in order to receive SB-CEUs.
- I am eligible for either SB-CEU or college credit, but not both because it is a duplication of credit.
- credit for this specific workshop can only be earned once in a 5-year renewal period.
- no refunds are issued for SB-CEUs.
- failure to complete the REQUIRED online evaluation will result in the forfeiture of my SB-CEU credits.

**→** Signature: \_\_\_\_\_